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CONFIRMATION NO. 2845

<b>SERIAL NUMBER</b> 09/380,614	<b>FILING OR 371(c) DATE</b> 01/07/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> JEK/ALBY
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/FR98/00543 03/18/1998 *OK NEW*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 97/03277 03/18/1997 *OK NEW*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

10/16/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Alberty Woodell</i> Examiner's Signature Initials				

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## TITLE

IMPLANT FOR OSTEOSYNTHESIS DEVICE AND TOOL FOR SETTING SUCH IMPLANT

<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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